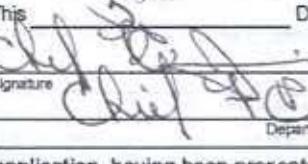
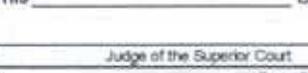


 <i>This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.</i>		 STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN	
<input checked="" type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		Municipal Code 0113	
<small>Each person applying for a Permit to Carry a Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter.</small>			
List the reason for this application: DEFENSE OF SELF AND FAMILY			
(1) Last Name (If female, include maiden) First Middle GALLAHER GREGORY CUYLER		(2) Resident Address (Number - Street - City - State - Zip) [REDACTED]	
(3) Date of Birth (4) Age (Place of Birth - City - State or Country) [REDACTED] 60 [REDACTED]		(5) U.S. Citizen (6) Social Security Number <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No [REDACTED]	
(7) Sex Height Weight Eyes Race Hair Complexion M 5'-10" 180 BLUE W BLND FAIR		(8) Distinguishing Physical Characteristics TATTOO ON RIGHT BICEP AND RIGHT ANKLE	
(9) Name of Employer GALLAHER ENTERPRISES, INC.		(10) Employer's Address (Number - Street - City - State - Zip) [REDACTED]	
(11) Occupation BUILDING CONTRACTOR		(12) Home Telephone [REDACTED]	
(14) Driver's License Number & State [REDACTED]		(15) If you possess a N.J. Firearms Purchaser ID Card, list the number [REDACTED]	
(16) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) Place(s) Offense(s)	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) Place(s) Offense(s)	
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) Place(s) Offense(s)	
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? When? Where Why?	
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? When? Where Why?	
(21) Are you an Alcoholic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment [REDACTED]	
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(24) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence [REDACTED]		(26) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain. [REDACTED]		(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain. [REDACTED]	
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain. [REDACTED]		(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here: [REDACTED]	
APPLICANT: DO NOT WRITE BELOW THIS SPACE			
To the Judge of the Superior Court of <u>D. New Jersey</u> County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: (Attach investigation Report when submitting to Superior Court)			
APPROVED 		This <u>5th</u> Day of <u>Oct.</u> <u>2010</u> Police Chief Signature <u>Chief of Police, Bergen County</u> Department of Police	
The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.			
Deny 		This <u>_____</u> Day of <u>_____</u> , <u>20_____</u> Judge of the Superior Court County N.J.	
Reason for Disapproval <input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input checked="" type="checkbox"/> G. LACK OF JUSTIFIABLE NEED <input type="checkbox"/> H. OTHER (SPECIFY) _____			
GRANTED ON APPEAL [REDACTED]		SBI Number: Permit Number: Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No	

The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes.

Deny This _____ Day of _____, 20_____
 _____, N.J.
Judge of the Superior Court County _____

Reason for Disapproval

- A. CRIMINAL RECORD
- B. PUBLIC HEALTH SAFETY AND WELFARE
- C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND
- D. NARCOTICS/ DANGEROUS DRUG OFFENSE
- E. FALSIFICATION OF APPLICATION
- F. DOMESTIC VIOLENCE
- G. LACK OF JUSTIFIABLE NEED
- H. OTHER (SPECIFY):

**GRANTED ON
APPEAL** **SBI Number:**

Permit Number:

Restrictions: Yes (List on Page 2) No

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

Endorsement Number One — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with GREGORY C. GALLAHER, the applicant named on page one of this application. I have known Him/Her for the past 30 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

David T. Skinner
Print or Type Name
David T. Skinner
Signature
9/5/10
Date of Endorsement

_____ Street Address
Hillside NJ 08318
City/Town State Zip
Home Telephone Number Business Telephone Number

Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with GREGORY C. GALLAHER, the applicant named on page one of this application. I have known Him/Her for the past 10 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

JOSEPH W. CLARKE, III
Print or Type Name
JOSEPH W. CLARKE, III
Signature
9/5/10
Date of Endorsement

_____ Street Address
Audubon NJ 08106
City/Town State Zip
Home Telephone Number Business Telephone Number

Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with GREGORY C. GALLAHER, the applicant named on page one of this application. I have known Him/Her for the past 36 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

ROBERT E. Gentile
Print or Type Name
ROBERT E. Gentile
Signature
9/6/10
Date of Endorsement

_____ Street Address
Sicklerville NJ 08081
City/Town State Zip
Home Telephone Number Business Telephone Number

State of New Jersey

SS

County of ATLANTIC

GREGORY C. GALLAHER being duly sworn, upon oath deposes and states that he/she is the applicant named on page one
(Name of Applicant from page one)
of this application; that the answers to the questions given on this application are complete, true and correct in every particular.

This 13th Day of September, 2010
MICHELLE RAE MCMAHON
NOTARY PUBLIC
STATE OF NEW JERSEY Michelle R. McMahon
COMMISSION EXPIRES DECEMBER 17, 2014 Notary Public

Signature of Applicant named on page one

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

List Permit Restrictions Here

Photograph of
Applicant
1.5 x 1.5 inches